

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/719889

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		1					52						
4		3					53						
5		3					54						
6		①					55						
7		①					56						
8		①					57						
9		①					58						
10		①					59						
11	1						60						
12		1					61						
13		1					62						
14		1					63						
15		1					64						
16		1					65						
17		1					66						
18		1					67						
19		1					68						
20		1					69						
21		1					70						
22		1					71						
23		1					72						
24		1					73						
25		1					74						
26		1					75						
27		1					76						
28		1					77						
29		1					78						
30		1					79						
31							80						
32							81						
33							82						
34							83						
35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
51							100						
TOTAL O.	2	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL P.	30	↓		↓		↓	TOTAL DEP.	↓		↓		↓	
TOTAL MS	32						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS